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**\*BIBDATASHEET\***

CONFIRMATION NO. 3785

Bib Data Sheet

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/776,682 | <b>FILING OR 371(c)<br/>DATE</b><br>02/10/2004<br><b>RULE</b> | <b>CLASS</b><br>606 | <b>GROUP ART UNIT</b><br>3734 | <b>ATTORNEY<br/>DOCKET NO.</b><br>016886-000320US |
|------------------------------------|---|---------------------|-------------------------------|---|

**APPLICANTS**  
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 Niel F. Starksen, Los Altos Hills, CA;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a DIV of 10/461,043 06/13/2003 PAT 6,986,775  
 which claims benefit of 60/462,502 04/10/2003  
 and claims benefit of 60/445,890 02/06/2003  
 and claims benefit of 60/429,288 11/25/2002  
 and claims benefit of 60/388,935 06/13/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 05/11/2004

|  |  |                                   |                                 |                               |                                    |
|--|--|-----------------------------------|---------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature _____ Initials _____ | <b>STATE OR<br/>COUNTRY</b><br>CA | <b>SHEETS<br/>DRAWING</b><br>20 | <b>TOTAL<br/>CLAIMS</b><br>36 | <b>INDEPENDENT<br/>CLAIMS</b><br>3 |
|--|--|-----------------------------------|---------------------------------|-------------------------------|------------------------------------|

**ADDRESS**  
25226

**TITLE**  
Devices and methods for heart valve repair

|                                       |   |   |
|---------------------------------------|---|---|
| <b>FILING FEE<br/>RECEIVED</b><br>637 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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